

<i>SERFF Tracking Number:</i>	<i>BBLB-126704127</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Catholic Slovak Ladies Association of the</i>	<i>State Tracking Number:</i>	<i>46107</i>
	<i>United States of America</i>		
<i>Company Tracking Number:</i>	<i>FCSLAFPA10APP</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
	<i>Variable</i>		
<i>Product Name:</i>	<i>FCSLAFPA10APP</i>		
<i>Project Name/Number:</i>	<i>FCSLAFPA10APP/</i>		

## Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America

Product Name: FCSLAFPA10APP

SERFF Tr Num: BBLB-126704127 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved-Closed State Tr Num: 46107

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: FCSLAFPA10APP

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Virginia Kiddle, Beth Pestka

Disposition Date: 07/06/2010

Date Submitted: 07/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: FCSLAFPA10APP

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/06/2010

Explanation for Other Group Market Type:

State Status Changed: 07/06/2010

Deemer Date:

Created By: Virginia Kiddle

Submitted By: Virginia Kiddle

Corresponding Filing Tracking Number:

Filing Description:

We enclose the referenced forms for approval. The contract is new and in final print as will be used for issue. The contract form will not replace any annuity contract form currently issued by the Society. The application will replace the current annuity application, Form AA-0105-AR, approved 10-7-08.

This new contract, Form FPA(10)-0110, has a 10 year surrender charge schedule.

<i>SERFF Tracking Number:</i>	<i>BBLB-126704127</i>	<i>State:</i>	<i>Arkansas</i>
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The Society also has a previously approved contract form with a 5 year surrender charge schedule. This new 10 year surrender charge will have a higher current credited rate than the 5 year surrender charge contract. The annuity applicant may choose either the 5 year or the 10 year surrender charge schedule.

Issue ages are 0-100.

The contracts will be sold, on an individual basis, by agents of the Society. There will be no restriction placed on use of the forms by any agent. Commissions will be paid, on premiums received, in accordance with the Society's agreements with its agents. At the present time, the Society does not reinsure its annuity business.

The Society has been receiving licenses in several new states to sell life and annuity products. The new annuity application, Form AA2010, better satisfies the requirements of multiple jurisdictions. In Section 4, there now is a question about life insurance or annuities"...in force..." and a question about using " existing values from another policy..." The fraud warnings have been expanded. On page 4, there is more information required from the agent. With the application, there is a Receipt, Form AR2010.

In addition to the forms, we enclose the following:

1. NAIC Transmittal Document.
2. Authorization to file.
3. Actuarial Demonstration.
4. Readability Certification.
5. Certification of Compliance Arkansas Code 23-79-138, and Bulletin 6-87 and Bulletin 11-88.
6. Certification Regarding Rule 19 Section 10B.
7. Statement of Variability.
8. \$150 Filing Fee (Retaliatory, \$50 per form).

## Company and Contact

### Filing Contact Information

Jerry Alexander, FLMI	jerry@bandbco.com
916 Sherwood Drive	888-278-2310 [Phone]
Lake Bluff, IL 60044	847-295-6206 [FAX]

### Filing Company Information

(This filing was made by a third party - bab01)

First Catholic Slovak Ladies Association of the CoCode: 56332

State of Domicile: Ohio

SERFF Tracking Number: BBLB-126704127 State: Arkansas

Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46107

Company Tracking Number: FCSLAFPA10APP

TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.002 Flexible Premium

Product Name: FCSLAFPA10APP

Project Name/Number: FCSLAFPA10APP/

United States of America

24950 Chagrin Blvd Group Code: -99 Company Type: Fraternal Benefit Society

Beachwood, OH 44122 Group Name: State ID Number:

(800) 464-4642 ext. [Phone] FEIN Number: 34-0220540

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## Filing Fees

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? Yes

Fee Explanation: \$50 per form.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Catholic Slovak Ladies Association of the United States of America	\$150.00	07/01/2010	37691294

SERFF Tracking Number:	BBLB-126704127	State:	Arkansas
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Product Name:	FCSLAFPA10APP		
Project Name/Number:	FCSLAFPA10APP/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/06/2010	07/06/2010

<i>SERFF Tracking Number:</i>	<i>BBLB-126704127</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 07/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BBLB-126704127 State: Arkansas

Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46107

Company Tracking Number: FCSLAFPA10APP

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	NAIC Transmittal		Yes
Supporting Document	Authorization		Yes
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Certification - Rule 19		Yes
Supporting Document	Statement of Variability		Yes
Form	Flexible Premium Deferred Annuity Contract		Yes
Form	Annuity Application		Yes

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## Form Schedule

Lead Form Number: FPA(10)-0110

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FPA(10)-0110	Policy/Contract/Fratern al Certificate	Initial		54.660	FCSLA FPA(10)-0110 bracketed.pdf
	AA2010	Application/ Annuity Enrollment Form	Initial			FCSLA AA2010.pdf

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America



[24950 Chagrin Blvd., Beachwood, Ohio 44122 1-800-464-4642 [www.fcsla.com](http://www.fcsla.com)]

***A Fraternal Benefit Society - Since 1892***

The First Catholic Slovak Ladies Association of the U.S.A. will pay: (1) a maturity benefit on the Maturity Date; or (2) a Death Benefit in the event of Your death prior to the Maturity Date. The payment of benefits or the exercise of the rights and options in this contract will be in accordance with the terms and provisions on this and the pages which follow.

This contract is a legal contract between You and the First Catholic Slovak Ladies Association of the U.S.A. The rights and obligations of each are set forth herein. We have issued this contract in consideration of: (1) the application, a copy of which is included in and made a part of this contract; and (2) payment of the first premium for this contract.

Signed for us at our home office on the contract Date of Issue.

[   ]  
Secretary President

**READ YOUR CONTRACT CAREFULLY.** We have issued this contract based on the information shown in the application. An index to the contents of this contract is included on page 2.

We will answer any questions regarding this contract on request. The above telephone number may be used: (1) to obtain information or to present inquiries; or (2) for assistance in resolving any complaint.

***RIGHT TO CANCEL.*** *This contract may be returned for cancellation before midnight of the 30th day from the date of its receipt. Cancellation will be by delivering or mailing a written notice, or by sending a telegram, to: Us, at the address shown above; or, Our authorized representative. Notice and return of this contract by mail is effective on being postmarked, properly addressed, with prepaid postage. We will refund all funds paid for this contract in not more than ten (10) days from the date We receive notice and the original contract. Cancellation will void this contract as if it had not been issued.*

**FLEXIBLE PREMIUM DEFERRED ANNUITY CONTRACT**

Life annuity at maturity. Death Benefit payable for death prior to maturity. Alternative Maturity Dates and Options Available. Cash Value interest credited at not less than 3.0% per year. Table of Cash Values on page 6. Withdrawal charges on page 5. Participating; dividends are not expected to be paid with this contract (see page 6).



## INDEX

Control of the Contract.....	7	Paid-Up Deferred Annuity.....	6
Death Benefit.....	4	Schedule .....	3
Definitions .....	2	Table of Account and Cash Values .....	6
Dividends.....	6	The Contract .....	7
Flexible Premiums .....	6	Values .....	5
Maturity Benefit .....	3	Application Copy, Endorsements .....	9

## DEFINITIONS

**AGE.** In this contract, age means your age as of the nearest birthday.

**ANNIVERSARY.** Each annual interval from the Date of Issue.

**DATE OF ISSUE.** The effective date for this contract. Contract years and Anniversaries are measured from this date.

**NOTICE.** A written form which You have dated and signed. Communications to Us should include Your name and the contract number shown in the Schedule on page 3.

**WE, US, OUR.** The First Catholic Slovak Ladies Association of the U.S.A., a Fraternal Benefit Society, which: (1) is organized under the laws of the State of Ohio; (2) has no capital stock and is not for profit; (3) has a lodge system and a representative form of government; and (4) functions for the benefit of its members and their beneficiaries.

**YOU, YOUR.** The annuitant named in the application and Schedule.

## MATURITY BENEFIT

Payment of an annuity benefit will begin on the Maturity Date provided You are then living and this contract is then in force. Payment will be made for Your lifetime. You, in writing, may elect a guaranteed period mutually agreeable to Us and You and subject to allowable IRS regulations. In the event of Your death, during a guaranteed period, the Beneficiary may elect to receive the present value of the remaining payments in one lump sum; or to receive the balance of the guaranteed payments.

Guaranteed monthly payment amounts, per \$1,000 of Maturity Value, are shown in the following table. The Maturity Value shall be the amount applied as the consideration for the contract. The amount for each payment will be determined by: (1) Your sex; (2) Your age on the Maturity Date; (3) the frequency for payment; and (4) the guaranteed period, if any. The payment amounts are based on: (1) the A2000 Individual Annuity Mortality Tables; and (2) interest at a compound rate of 3.0% per year. On request, We will provide payment amounts for ages not shown.

### Lifetime Monthly Payment Amounts Per \$1,000 Maturity Value

MALE						FEMALE				
Guaranteed Period						Guaranteed Period				
	5	10	15	20			5	10	15	20
<u>None</u>	<u>Years</u>	<u>Years</u>	<u>Years</u>	<u>Years</u>	<u>AGE</u>	<u>None</u>	<u>Years</u>	<u>Years</u>	<u>Years</u>	<u>Years</u>
\$5.00	\$4.98	\$4.90	\$4.77	\$4.57	60	\$4.61	\$4.60	\$4.56	\$4.48	\$4.37
5.72	5.67	5.51	5.25	4.90	65	5.20	5.18	5.10	4.95	4.73
6.71	6.60	6.26	5.76	5.18	70	6.04	5.99	5.81	5.49	5.07
8.09	7.82	7.11	6.22	5.38	75	7.27	7.13	6.70	6.05	5.33

Factors for converting from monthly: To Quarterly 2.94; To Semi-Annual 5.94; To Annual 11.76.

**MATURITY DATE.** The Maturity Date is shown in the Schedule below. You, in writing, may change the Maturity Date. If an earlier date is elected, the date must be at least 11 years from the Date of Issue, and We must receive the notice not less than three months prior to the new date. If a later date is elected, We must receive such notice not later than the date then in effect.

**ALTERNATIVE MATURITY OPTIONS.** In lieu of a monthly life annuity, You may elect: (1) payment in one lump sum; or (2) payment of the Maturity Value in periodic amounts according to any method mutually agreed on by You and Us and subject to allowable IRS Regulations.

**PROOF OF SEX, AGE OR SURVIVAL.** We may require proof: (1) of Your sex or age on the Maturity Date; or (2) that You are then living at any time while payments are being made.

See page 5 for Withdrawal Charges.

## SCHEDULE

**ANNUITANT:** [John Doe]

**SEX/AGE ON DATE OF ISSUE:** [Male/35]

**PREMIUM MODE:** [Annual]

**FIRST PREMIUM:** [\$1,000.00]

**CONTRACT NUMBER:** [Specimen]

**DATE OF ISSUE:** [September 1, 2009]

**MATURITY DATE:** [September 1, 2044]

**GUARANTEED INTEREST RATE:** 3.0%

## **DEATH BENEFIT**

We will pay a Death Benefit to the Beneficiary upon receipt of due proof that Your death occurred prior to the Maturity Date and while this contract was in force. Any death benefit after the Maturity Date will be determined by the maturity option elected. The method for distribution of any death benefit may not be less frequent than that in effect on the date of death.

The Death Benefit will be the sum of:

1. the Account Value on the prior Anniversary, adjusted for any partial withdrawals since that day, plus interest on such Account Value from the Anniversary to the date of Your death; plus
2. any premium paid after the just prior Anniversary plus interest from the date paid to the date of Your death; plus
3. interest on the sum of 1 and 2 above from the date of Your death to the date of payment.

**PAYMENT.** The Death Benefit will be paid from Our home office in one lump sum. Payment will be made in no more than thirty (30) days from the date We receive due proof of Your death and a statement of claim from your Beneficiary. A return of this original contract may be required. Payment in one lump sum must be made within not more than five (5) years from the date of Your death.

Payment will be in equal shares when the designation of Beneficiary does not state the percentage ownership of each of two (2) or more Beneficiaries. If there is no surviving Beneficiary, the Death Benefit will be paid to Your estate.

In lieu of payment in one lump sum, payment under one of the following options may be elected by the beneficiary within a period of one (1) year from the date of Your death:

- (A) equal installments over a period of not more than five years from the date of Your death;
- (B) equal installments over a period not to exceed the then life expectancy of the Beneficiary; or
- (C) equal installments under a lifetime annuity provided that any guaranteed period may not exceed the then life expectancy of the Beneficiary. Life annuity monthly payment amounts are shown in the table on page 3.

Payment, under any of the above options, must begin within one year from the date of Your death. Life expectancy, as used in these options, will be determined from the table then used by the Federal Internal Revenue Service.

**INTEREST.** Interest credits will be at the rate We then pay although not less than 3.0% per year.

**SPOUSE BENEFICIARY.** In the event of Your death while this contract is in force, Your spouse, if named as Beneficiary, may elect to continue this contract in lieu of any other settlement. Your spouse will be the annuitant and owner for the continued contract.



## VALUES

**MATURITY VALUE.** The Maturity Value is the Account Value on the Maturity Date.

**ACCOUNT VALUE.** The Account Value is the net sum of: (1) the premiums paid; plus (2) interest credits; plus (3) any dividends added; less (4) any partial withdrawals.

**CASH VALUE.** The cash value is the amount remaining after deduction of any withdrawal charge from an amount of account value withdrawn. The owner may withdraw part or all of the account value at any time by written request. A withdrawal may have tax implications. We recommend the owner seek tax advice prior to any withdrawal. Except for dividends added, the minimum withdrawal amount is \$100 or, if less, the entire account value. We may require return of this contract for withdrawal of the entire account value. This contract will terminate upon withdrawal of the entire account value.

**INTEREST.** Interest credits are guaranteed to be not less than 3.0% per year.

**DEFERRAL.** We may defer a withdrawal for a period not to exceed six months. Interest credits will continue on any deferred amount. We will not defer a withdrawal made solely for payment of a premium due Us or of any dividends included in the Account Value. Deferral will be with the approval of the Commissioner of Insurance for the state in which this contract was issued if state law requires such approval.

**ANNUAL REPORT.** We will send You a report each year. The report will include the following activities for the last, complete, year: (1) the Account Value and Cash Value at the start and end of that year; (2) the amount of any premiums paid; (3) interest credits; (4) the amount of any dividend added to the Account Value; (5) the amount of any partial withdrawals of Account Value; (6) the Death Benefit at the end of that year; and (7) Our declared rate(s) of interest in that year and then in effect.

**VALUES AND BENEFITS.** The following values are not less than as may be required by law in the State where this contract was delivered: (1) the Account Values and Cash Values; (2) the Maturity and Death Benefits; and (3) the Paid-Up Deferred Annuity benefit.

**WITHDRAWAL.** Unless you have elected a settlement option, you may withdraw from the Account Value at any time provided that you do not exceed four (4) withdrawals per anniversary year. The withdrawal limitations also apply to those who request additional withdrawals beyond their requested periodic interest payments. The amount withdrawn must be at least \$100 or, if the balance is less than \$100, the entire Account Value.

A withdrawal charge will not be deducted:

1. from amounts, not to exceed 100% of the account value, withdrawn to pay for expense incurred after the contract date as a result of your confinement in a nursing home; provided, the nursing home is duly licensed as such by the state in which it is located;
2. from amounts, not to exceed 100% of the account value, withdrawn in the 90 days following the date the area in which you live is designated as a federally-declared disaster area, provided: (1) your home has been damaged to an extent of not less than 50% of its just prior market value; or (2) you have incurred medical expense for hospitalization for a period of not less than 30 consecutive days.

**WITHDRAWAL CHARGE.** We may deduct a Withdrawal Charge from the amount of any Account Value withdrawn during the first ten (10) contract years. However, no Withdrawal Charges will be deducted from a once per contract year "free withdrawal" of up to a maximum of 10% of the then Account Value.

Contract Year	1	2	3	4	5	6	7	8	9	10	11 & Later
Withdrawal Charge	9%	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

## TABLE OF ACCOUNT VALUES AND CASH VALUES

The values shown in the table below are at the end of years from the Date of Issue. The values assume: (1) level annual premium payments of \$1,000 each with each payment after the initial deposit made on an Anniversary date; (2) interest credits at the guaranteed rate of 3.0% per year; (3) no dividends; and (4) no partial withdrawals. The values will increase: (1) with any interest credits in excess of 3.0% per year; (2) with any dividends added; and (3) will decrease with any withdrawals. Values for level annual premium payments of other than \$1,000 are proportional to those shown. On request, We will provide values for years not shown.

### Values Per \$1,000 Level Annual Premium

<u>End of Year</u>	<u>Account Value</u>	<u>Cash Value</u>	<u>End of Year</u>	<u>Account and Cash Value(1)</u>	<u>End of Year</u>	<u>Account and Cash Value(1)</u>
1	\$1,030.00	\$946.57	11	13,192.02	21	29,536.78
2	2,090.90	1,921.54	12	14,617.79	22	31,452.88
3	3,183.63	2,954.40	13	16,086.32	23	33,426.47
4	4,309.14	4,037.66	14	17,598.91	24	35,459.26
5	5,468.41	5,173.12	15	19,156.88	25	37,553.04
6	6,662.46	6,356.01	16	20,761.59	30	49,002.67
7	7,892.34	7,608.22	17	22,414.44	35	62,275.94
8	9,159.11	8,911.81	18	24,116.87	40	77,663.30
9	10,463.88	10,724.54	19	25,870.37	45	95,501.46
10	11,807.80	11,701.53	20	27,676.49	50	116,180.77

(1) The Cash Value is equal to the Account Value in contracts years 11 and later.

## FLEXIBLE PREMIUMS

The payment of premium for this contract is not required after payment of the first premium. An additional premium may be paid at any time. A payment may not be less than \$25 nor more than \$12,000 in any contract year without Our consent. Premiums may be paid at Our home office or to Our authorized representative in exchange for a receipt. On request, We will provide a receipt for any premium paid.

**PREMIUM REMINDERS.** We will send a premium reminder notice at the premium mode shown in the Schedule on page 3. You may change the mode at any time by providing Us with written notice.

## PAID-UP DEFERRED ANNUITY

We will continue this contract automatically as a paid-up deferred annuity when premium payments cease. The Maturity Values, the Account Values and Cash Values, and the Death Benefit will be determined as provided in this contract. Interest credits will continue as provided. You may resume premium payments at any time as provided in the Flexible Premiums provision.

## DIVIDENDS

Dividends are not anticipated for this contract. Each year We will review Our experience to determine any dividend for this contract. You may apply a dividend under one of the following options:

1. **Cash.** The dividend will be paid to You in cash.
2. **Add to Account Value.** The dividend will be added to, and become a part of, the Account Value. Interest will be added at our then rate, although not less than 3%. You may withdraw any dividends, with interest thereon at any time.

**OPTION.** You, by written notice, may elect or change a dividend option. A change will apply only to any dividend credited after Our receipt of Your written notice. If You have not elected an option, and do not do so within sixty (60) days after We send notice of dividend, the dividend will be automatically applied under option 2.

## THE CONTRACT

**ENTIRE CONTRACT.** The entire contract between You and Us will consist of:

- (1) this contract including the attached copy of the application;
- (2) any Amendment or Endorsement included in this contract; and
- (3) Our Articles of Incorporation, Constitution and Bylaws. Any change, addition, or amendment to such documents will be binding and thereafter will govern and control this contract. They will not reduce or destroy benefits provided by this contract on its Date of Issue.

**REPRESENTATIONS.** We consider all statements in the application representations and not warranties.

**INCONTESTABLE.** This contract is incontestable from its Date of Issue.

**MODIFICATION OR CHANGE.** This contract may be modified or changed only with the written consent of Our President or Secretary. No agent or other person has authority to modify or change this contract or to waive any of the contract terms or provisions.

**MISSTATEMENT OF SEX OR AGE.** The annuity benefits provided by this contract will be adjusted if Your sex or date of birth is not correctly stated in the application. The annuity payments will be as provided by the Maturity Value based on Your correct sex or date of birth. We will pay any under-payment in one sum or deduct any over-payment from the next payment or payments due. The amount paid or deducted will include interest at a rate of 3.0% per year on the amount of each under or over payment.

**GOVERNING LAW.** This contract is subject to the laws of the State in which it was delivered. If part of it does not follow such laws, it will be treated as if it did. Such law, at all times, will govern Our and Your rights and responsibilities and those of all others who may make a claim against this contract.

**FEDERAL LAW.** Federal Tax Law may change from time to time and impose certain requirements as necessary for continued qualification of this contract as an annuity under the Tax Law. We will amend this contract to comply with any such change which is effective after its Date of Issue. Any such amendment will be filed with the insurance regulatory authority in the State where this contract was delivered. The amendment will be sent to You for Your acceptance. Your non-acceptance may result in disqualification of this contract as an annuity under Federal Tax Law.

## CONTROL OF THE CONTRACT

**MEMBERSHIP.** The rights and privileges of Our members are stated in Our Constitution and Bylaws. Such rights and privileges are personal to the member and not subject to transfer or assignment.

**OWNER.** The Annuitant shall be the Owner of this contract; except, when the Applicant, as shown in the Application, is an entity other than a person, the Applicant shall be the Owner. When the Annuitant is the Owner, the Owner may not be changed. When the Applicant is the Owner, the Owner may be changed, by Written notice, to the Annuitant only.

**BENEFICIARY.** The person(s) or entity named as such in the application.

**CHANGE OF BENEFICIARY.** You, in writing, may change the Beneficiary at any time. A change will be effective on the date signed and Our receipt of such notice even though You may not be living on the date of such receipt. A change will not affect any benefit paid or action taken prior to Our receipt of such notice.

**ASSIGNMENT.** You may assign all or specific rights or benefits in this contract. Upon Our receipt, an assignment will be effective on its signing date. We assume no responsibility for the validity or effect of any assignment. An assignment may have tax implications. We suggest that You seek tax advice prior to any assignment.

**SUSPENSION OR EXPULSION.** If We should suspend or expel You from membership, You may continue this contract in force.

**MAINTENANCE OF SOLVENCY.** The provision for flexible premiums and the benefits provided by this contract are not subject to change. In the event a deficiency should occur which would impair Our solvency, We will determine an equitable share of the deficiency for this contract in accordance with applicable law. You will not be personally responsible for the share apportioned to this contract. You may pay the share of the deficiency in cash. If not paid, the share will stand as a lien against this contract and bear compound interest at a rate of 5.0% per year. The lien will be deducted from any benefit payable. In lieu of or in combination with the lien, You may request a reduction in benefits proportionate to the amount of the lien.



**ATTACH**

Copy of Application, any Amendment or Endorsement

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America

***A Fraternal Benefit Society – Since 1892***

**FLEXIBLE PREMIUM DEFERRED ANNUITY CONTRACT**

Life annuity at maturity. Death Benefit payable for death prior to maturity. Alternative Maturity Dates and Options Available. Cash Value interest credited at not less than 3.0% per year. Table of Cash Values on page 6. Withdrawal charges on page 5. Participating; dividends are not expected to be paid with this contract (see page 6).

***IMPORTANT NOTICE***

Please read carefully the copy of the application attached to this contract. This document is a legal contract between You and Us. It has been issued in the belief that all the answers in the application are correct and complete. If any answer is incorrect or incomplete, or if any medical history has been left out, please provide notice to Us immediately.

***A WORD TO THE INSURED MEMBER***

Please include your contract number in all correspondence to Us. We should be promptly informed of any change in Your address.

The First Catholic Slovak Ladies Association  
[24950 Chagrin Boulevard, Beachwood Ohio 44122]  
[Telephone: (800)464-4642]

A Fraternal Benefit Society

24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

Branch #: \_\_\_\_\_ Location: \_\_\_\_\_ Certificate #: \_\_\_\_\_

**1. Proposed Annuitant**

Name: \_\_\_\_\_  
First Middle Last Suffix

Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_

Place of Birth: \_\_\_\_\_

Maiden Name if Female: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Is the Proposed Insured a member of First Catholic Slovak Ladies Association? \_\_\_\_ Yes \_\_\_\_ No. (If not, apply for membership.)

**2. Type of Annuity**

a) **Flexible Premium Deferred:** \_\_\_\_\_ (Form #) \_\_\_\_\_ Initial Premium Amount: \$ \_\_\_\_\_

Benefits to Commence at Age \_\_\_\_\_

Premium Notice: \_\_\_\_ Annual \_\_\_\_ Semi-Annual \_\_\_\_ Quarterly \_\_\_\_ Monthly \_\_\_\_ None

b) **Single Premium Immediate** \_\_\_\_\_ Single Premium Amount: \$ \_\_\_\_\_

Settlement Option Elected: \_\_\_\_\_

Will this Annuity be a tax qualified plan? \_\_\_\_ Yes \_\_\_\_ No Is it a Rollover of Transfer? \_\_\_\_ Yes \_\_\_\_ NO

If Qualified, show basis: \_\_\_\_ Traditional \_\_\_\_ ROTH \_\_\_\_ SEP \_\_\_\_ SIMPLE \_\_\_\_ OTHER \_\_\_\_ Tax Year \_\_\_\_\_

**Other Remarks/Instructions:** \_\_\_\_\_  
\_\_\_\_\_

**3. Beneficiary Designation (if more space is needed us an additional sheet. Date, sign and attach to this application.)**

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share (%)
------	----------------------------------	---------------	-------------------	-----------

Primary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share (%)
------	----------------------------------	---------------	-------------------	-----------

Contingent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.. Existing Life Insurance and Annuity Information**

a. Other Life Insurance or annuities in force? \_\_\_\_ Yes \_\_\_\_ No.

If Yes, total amount of life insurance: \$ \_\_\_\_\_ Total amount of annuities: \$ \_\_\_\_\_

b. Will this application change or replace any existing life insurance or annuity? \_\_\_\_ Yes \_\_\_\_ No.

c. Will any existing values from another policy or annuity (through loans, surrenders, or otherwise), be used to pay premiums for the policy applied for? \_\_\_\_ Yes \_\_\_\_ No.

If Yes to a, b, or c, list the insurer and the policy number. \_\_\_\_\_

**FRAUD WARNINGS**

For your protection, various state laws require the following statements to appear on this form.

**For Residents of Alaska, Arizona, Kansas, Kentucky, Nebraska, Pennsylvania, West Virginia:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**For Residents of Ohio:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For Residents of Arkansas, Louisiana, Maryland and New Mexico:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For Residents of Delaware, Idaho, Indiana and Oklahoma:** Any person who knowingly and with intent to defraud or deceive an insurer files a false statement of claim containing any false, incomplete or misleading information commits a felony.

**For Residents of District of Columbia, Maine, Tennessee, Texas, Virginia, and Washington:** It is a crime to **knowingly** provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**For Residents of Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**For Residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For Residents of Connecticut:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**For Residents of Massachusetts:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The undersigned: (1) REPRESENT that the information shown in this application is, to the best of their knowledge and belief, complete and true; (2) AGREE that this application shall be the basis for and a part of any contract issued; and (3) UNDERSTAND that: (A) the contract will be effective on the date the Association approves issue of the contract or the date of its receipt of the first premium for the contract; and (B) only an officer of the Association may, in writing: (a) make or modify contracts; or (b) waive any of the Association's rights or requirements.

**Owner: The proposed Annuitant shall be the Owner of any contract issued, except when the Applicant is an entity other than a person, the applicant shall be the owner.**

Signed At: \_\_\_\_\_  
*City, State*

\_\_\_\_\_  
*Date*

***Proposed Annuitant's Signature.***

(Parent or Guardian if Proposed Annuitant is under age 16.)

(In **North Carolina**, Parent or Guardian of Proposed Applicant under age 15.)

Satisfactory evidence of the date of birth is required in all cases before annuity payments may be made. It is preferable to have such evidence on installment premiums retirement annuities before issue. A certified copy of any record furnished is required. The best and most acceptable evidence is:

Copy or Birth certificate filed at or near time of birth

Copy of Baptismal Certificate (certified by the appropriate authority).

Record from the bureau of Vital Statistics or equivalent office

Record of birth from family Bible or genealogical history presented on Proof of Age Affidavit.

Efforts to obtain one of the above should be made in all cases but if none can be obtained, the Association will consider the following sources. However, if one of these is used, a letter of explanation should accompany such evidence stating why it is being presented

School Records

Army or Navy discharge paper

Confirmation record

Passport, at least five years old

Certificate of marriage

Life insurance record under a contract issued at least five years ago.

Naturalization record

If none of the above is available, a detailed statement as to the effort made to secure such evidence should be submitted with the application and further instructions as to the evidence for consideration will be given.

AA2010

**DO NOT WRITE IN THIS SECTION - FOR HOME OFFICE USE ONLY.**

Certificate Mailed to: \_\_\_\_\_ Annuitant/Owner \_\_\_\_\_ Agent \_\_\_\_\_ Other: \_\_\_\_\_

Dated Mailed: \_\_\_\_\_ By: \_\_\_\_\_

### **The First Catholic Slovak Ladies Association of the USA**

*A Fraternal Benefit Society*

#### **RECEIPT**

Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ in connection with an annuity application, bearing the same date as this receipt, for \_\_\_\_\_, Proposed Annuitant. This receipt is not valid unless: (1) the check, draft, or money order tendered as payment is good and collectible; and (2) it is signed by the person receiving the payment.

Date: \_\_\_\_\_ Field Worker/ Recommender/ Agent/ ID #: \_\_\_\_\_

Please notify the Association within 30 days after the date of this Receipt, if you have not received: (1) the contract applied for; or (2) refund of the payment. Please be certain to include: (1) the amount paid; (2) the date of the payment; and (3) the name of the person to whom payment was made. Make all remittances payable to: First Catholic Slovak Ladies Association, 24950 Chagrin Boulevard, Beachwood, OH 44122.

AR2010

Page 3

**The First Catholic Slovak Ladies Association of the USA**  
**Beachwood, OH 44122**

#### **Agent/Fieldworker/Recommender's Report**

To the best of my knowledge and belief:

- A. I have asked the Proposed Insured each question on the application. The answers have been recorded by me exactly as stated.
- B. I have accurately answered any questions contained in the Agent's Report completed by me in connection with this application.
- C. I have verified the Proposed Insured's identity by viewing the individual's photograph on a driver's license, passport, or other official document.
- D. I have reviewed the entire application for corrections or omissions.
- E. I have personally solicited and secured this application.

Comments:

### Agent/Fieldworker/Recommender's Interrogatory

1. To the Best of your knowledge and belief, does the Proposed Insured have existing life insurance or annuity policies in force? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please provide insurer and amount.)\_\_\_\_\_

2. To the best of your knowledge and belief, will the insurance now applied for replace or change any existing insurance or annuity? \_\_\_\_ Yes \_\_\_\_ No

Agent: If the answer to Question #1 and/or Question #2 is Yes, you must present and read to the Applicant the Important Notice Regarding Replacement of Life Insurance or Annuities and return the Notice, signed by both you and the Applicant, with the completed application.

3. Advertising Materials:

I certify that I used FCSLA approved sales materials with this Applicant in the solicitation of this application.

I certify that this application is in accordance with FCSLA's Position Regarding the Replacement of Life Insurance and Annuity Policies.

By signing as Fieldworker/Recommender/Agent, I affirm that I am in compliance with the insurance sales laws of the state in which the contract was sold.

\_\_\_\_\_  
Printed Name of Fieldworker/Recommender/Agent.

\_\_\_\_\_  
Agent ID#.

\_\_\_\_\_  
Date.

\_\_\_\_\_  
Signature of Fieldworker/Recommender/Agent.

\_\_\_\_\_  
Agent ID#.

\_\_\_\_\_  
Telephone Number.

\_\_\_\_\_  
Address.

\_\_\_\_\_  
E-mail Address.

\_\_\_\_\_  
Address.

\_\_\_\_\_  
Fax Number.

SERFF Tracking Number: BBLB-126704127 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46107  
Company Tracking Number: FCSLAFPA10APP  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: FCSLAFPA10APP  
Project Name/Number: FCSLAFPA10APP/

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> FCSLA FPA10-0110 Readability.PDF		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> A new application is going to be used and is attached under the Form Schedule tab.		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> NAIC Transmittal <b>Comments:</b> <b>Attachment:</b> FCSLA FPA 10 AR NAIC transmittal.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachment:</b> FCSLA 2010 Authorization.PDF		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Certificate of Compliance		

SERFF Tracking Number: BBLB-126704127 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46107  
Company Tracking Number: FCSLAFPA10APP  
TOI: A02I Individual Annuities- Deferred Non-Variable Sub-TOI: A02I.002 Flexible Premium  
Product Name: FCSLAFPA10APP  
Project Name/Number: FCSLAFPA10APP/

**Comments:**

**Attachment:**

FCSLA FPA AR Cert. of Compliance.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Certification - Rule 19

**Comments:**

**Attachment:**

FCSLA FPA AR Cert. Rule 19.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

FCSLA FPA-10-0110 Statement of variability.pdf



READABILITY CERTIFICATION

A. Form

Form No.

Flexible Premium Deferred Annuity Contract

FPA(10)-0110

☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

☒ the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

☒ the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

☒ the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

☒ the section titles are captioned in bold face or otherwise stand out significantly from the text.

☒ unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

☒ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☒ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 54.66

Number of:  
Sentences: 231

Ratio of:  
Words to Sentences: 13.294


Words: 3,071

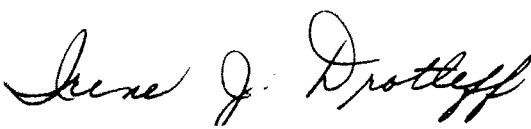
Syllables to Words: 1.639

Syllables: 5,034

Bruce and Bruce Company

Consulting Actuaries by: Jerry L. Alexander Date 1/6/10

By:   
Jerry L. Alexander, FLMI, Authorized Consultant

By:   
Irene J. Drotleff, Secretary

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	First Catholic Slovak Ladies Assoc. 24950 Chagrin Boulevard Beachwood OH 44122	OH			56332	34-0220540	

<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>
	Jerry L. Alexander Bruce and Bruce Company 916 Sherwood Drive Lake Bluff IL 60044	888-278-2310	847-295-6206	jalexander@babco.us.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	FCSLAFPA10+APP
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<b>7.</b>	<b>X New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

<b>9.</b>	<b>Type of Insurance (TOI)</b>	AO2I Individual Annuities – Deferred Nonvariable
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	AO21.002 Flexible Premium
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<b>11.</b>	<b>Submitted Documents</b>	<p><b>X FORMS</b>          X Policy      <input type="checkbox"/> Outline of Coverage      <input type="checkbox"/> Certificate          X Application/Enrollment      <input type="checkbox"/> Rider/Endorsement      <input type="checkbox"/> Advertising  <input type="checkbox"/> Schedule of Benefits      X Other, Receipt</p> <p><b>Rates</b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>          Please explain: _____</p> <p><b>SUPPORTING DOCUMENTATION</b></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input checked="" type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div> <input checked="" type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input checked="" type="checkbox"/> Certifications         </div> </div>
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12.	<b>Filing Submission Date</b>	<b>7/1/10</b>	
13	<b>Filing Fee (If required)</b>	Amount <u>\$150</u>	Check Date <u>EFT</u>
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u>EFT</u>
14.	<b>Date of Domiciliary Approval</b>		
15.	<b>Filing Description:</b>		
<p>We enclose the referenced forms for approval. The contract is new and in final print as will be used for issue. The contract form will not replace any annuity contract form currently issued by the Society. The application will replace the current annuity application, Form AA-0105-AR, approved 10-7-08.</p> <p>This new contract, Form FPA(10)-0110, has a 10 year surrender charge schedule.</p> <p>The Society also has a previously approved contract form with a 5 year surrender charge schedule. This new 10 year surrender charge will have a higher current credited rate than the 5 year surrender charge contract. The annuity applicant may choose either the 5 year or the 10 year surrender charge schedule.</p> <p>Issue ages are 0-100.</p> <p>The contracts will be sold, on an individual basis, by agents of the Society. There will be no restriction placed on use of the forms by any agent. Commissions will be paid, on premiums received, in accordance with the Society's agreements with its agents. At the present time, the Society does not reinsure its annuity business.</p> <p>The Society has been receiving licenses in several new states to sell life and annuity products. The new annuity application, Form AA2010, better satisfies the requirements of multiple jurisdictions. In Section 4, there now is a question about life insurance or annuities "...in force..." and a question about using "existing values from another policy..." The fraud warnings have been expanded. On page 4, there is more information required from the agent. With the application, there is a Receipt, Form AR2010.</p> <p>In addition to the forms, we enclose the following:</p> <ol style="list-style-type: none"> <li>1. NAIC Transmittal Document.</li> <li>2. Authorization to file.</li> <li>3. Actuarial Demonstration.</li> <li>4. Readability Certification.</li> <li>5. Certification of Compliance Arkansas Code 23-79-138, and Bulletin 6-87 and Bulletin 11-88.</li> <li>6. Certification Regarding Rule 19 Section 10B.</li> <li>7. Statement of Variability.</li> <li>8. \$150 Filing Fee (Retaliatory, \$50 per form).</li> </ol>			

16.	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas</p>	
<p>Print Name <u><b>Jerry L. Alexander</b></u> Title <u><b>Authorized Consultant</b></u></p>	
<p>Signature  Date: <u><b>7-1-10</b></u></p>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>FCSLAFPA10+APP</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	<b>Flexible Premium Deferred Annuity Contract</b>	<b>FPA(10)-0110</b>	<b>X Initial</b> <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	<b>Policy</b>			
02	<b>Annuity Application</b>	<b>AA2010</b>	<b>X Initial</b> <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	<b>Application</b>			
03	<b>Receipt</b>	<b>AR2010</b>	<b>X Initial</b> <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	<b>Receipt</b>			
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

<b>18.</b>	<b>Rate Filing Attachment</b>			
<b>This filing transmittal is part of company tracking number</b>				
<b>This filing corresponds to form filing company tracking number</b>				
<b>Overall percentage rate indication (when applicable)</b>				
<b>Overall percentage rate impact for this filing</b>			<b>%</b>	
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**Of the United States of America**  
A Fraternal Benefit Society  
Cleveland Ohio 44122

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf, of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: January 4, 2010

A handwritten signature in black ink, reading "Mary Ann Johaneck". The signature is written in a cursive style with a large, stylized initial 'M'.

Mary Ann Johaneck, President

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
Of the United States of America**

Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88

On behalf of the First Catholic Slovak Ladies Association of the United States of America. I certify that the Society will comply with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88 when issuing policies in Arkansas.

July 1, 2010

Date



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Jerry L. Alexander, Authorized Consultant

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
Of the United States of America**

Compliance Regarding Rule 19 Section 10B

On behalf of the First Catholic Slovak Ladies Association of the United States of America. I certify that the forms submission meets the requirements of Rule 19 Section 10B, as well as all applicable requirements of the Department.

July 1, 2010  
Date



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Jerry L. Alexander, Authorized Consultant



**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
Of the United States of America**

Statement of Variability

Form FPA(10)-0110

Page 1

Address may change if Society moves.  
Phone number and email address may change.  
Officers may change.

Page 3

Schedule: Annuitant information is based on application information.  
Contract number is assigned by the Society.

Last page

Address may change if Society moves.  
Phone number may change.